## **DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION**

Attorney's Docket No. 20140-85

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

MEDICAL D	DIAGNOSIS, TREAT	TMENT AND IMAGING SYSTE	MS	
the specificati			<del></del>	
(check one)	☐ is attached he	reto.		•
	was filed on _	February 19, 1997	,	
		rial No. <u>08/793,371</u>		
	and was amende			
		(if applicable		
		ed and understand the contendered and referred to above.	ts of the above-identified specification	fication, including the
		se information which is mater egulations, §1.56(a).	ial to the examination of this ap	pplication in accordance
patent or inversions certain	ntor's certificate lis	sted below and have also idening date before that of the app	states Code, §119 of any foreig tified below any foreign applica dication on which priority is cla	tion for patent or
77,3	M AITEIOATION			
COUNT	mv	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
COUNT	ini	APPLICATION NOMBER	(ddy, mondi, year)	THOUTH OBAINED
				□ Yes □ No
l hereby claim and, insofar a application in duty to disclose between the f	s the subject matte the manner provide se material informa iling date of the pr	er of each of the claims of this ed by the first paragraph of Ti ation as defined in Title 37, Co ior application and the nationa	§120 of any United States app application is not disclosed in the 35, United States Code, §1° de of Federal Regulations, §1.§ I or PCT international filing date §119(e) of any United States p	the prior United States 12, I acknowledge the 56(a) which occurred a of this application:
		APPLICATION NUMBE	R FILING DATE	
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PRIOR U.S. A	PPLICATION(S)			

PRIOR U.S. AF	PPLICATION(S)

APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)
PCT/US95/01103	24.01.95	Pending
08/293,859	19.08.94	Abandoned

## **POWER OF ATTORNEY**

As a named inventor, I hereby appoint Michael I. Wolfson, Registration No. 24,750; William H. Dippert, Registration No. 26,723; R. Lewis Gable, Registration No. 22,479; Morey B. Wildes, Registration No. 36,968; and Regan L. Trumper, Registration No. 38,345 to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection therewith.

SEND	C( 11	ENCE TO: illiam H. Dippert DWAN, LIEBOWITZ & LATMAN, P.C. I33 Avenue of the Americas EW York, New York 10036-6799	William	phone calls to: H. Dippert 790-9200
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202 -	Residence & Citizenship	City Haifa	State or Foreign Country Israel	Country of Citizenship Israel
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR - 201	SIGNATURE OF INVENTOR - 202	SIGNATURE OF INVENTOR - 203
Small	(11)	
Date 5 1977	Date 5/5/97	Date



As a named inventor, I hereby appoint Michael I. Wolfson, Registration No. 24,750; William H. Dippert, Registration No. 26,723; R. Lewis Gable, Registration No. 22,479; Morey B. Wildes, Registration No. 36,968; and Regen L. Trumper, Registration No. 38,345 to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection therewith.

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i D	Full Name of Inventor	Femily Name PELESS	First Given Name Udi	Second Given Name
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SIGNATURE OF INVENTOR - 201	SIGNATURE OF BIVENTOR - 202	EXCHATURE OF INVENTOR - 203
Date 5 1917	Date	Patte 4/5/97

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	Post Office Address				
orth ring flat in flui.	Full Name of Inventor	Family Name	First Given Name	Second Given Name	
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
11 Hall 1	Post Office Address				

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SIGNATURE OF INVENTOR - 204	SIGNATURE OF INVENTOR - 205	SIGNATURE OF INVENTOR - 206
Date \$5, 1, 97	Date	Date